

Date: 10/17/89

To: JOHN SKOVIAK, BC+TS

From: TERRY OSTRANDER

Subject: RENA CEI AND LANDBAN REPORT
FOR PETROLEUM RECYCLING INC. CAYTON
INSPECTION OF: 9120189 NYD065693319

ATTACHED YOU WILL FIND A COPY OF THE RENA
CEI AND LANDBAN REPORTS FOR PETROLEUM
RECYCLING. PLEASE TRANSMIT THIS COPY
TO USEPA REGION III EVEN THOUGH WE DON'T SUSPECT
VIOLATIONS OF LANDBAN REGULATIONS.

CC: CASE FILE 0801B
INVESTIGATION JACK ALEN

NJD 065693 319

RECEIVED

OCT 19 1989

BUREAU OF COMPLIANCE
& TECHNICAL SERVICES

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-029

HAZARDOUS WASTE MANAGEMENT FACILITY INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: PETROLEUM RECYCLING INCORPORATED
FILE NUMBER: 0801B
VHT FACILITY FILE NUMBER: _____
PERMIT #: N/A - T.O.A
REGION: I
INSPECTION DATE: SEPT. 20, 1989
INCIDENT/CASE NUMBER: _____
INSPECTION TYPE: C.E.I.
RESPONSIBLE AGENCY CODE: D.E.P
INSPECTOR'S NAME: JACK R. ALLEN
INSPECTOR'S AGENCY: _____
INSPECTOR'S BUREAU: FIELD OPERATIONS
EPA ID NUMBER: NJD981133150
ADDRESS: _____
CENCO BLVD.
CLAYTON, NEW JERSEY 08312
LOT: 235 BLOCK: 41
COUNTY: GLOUCESTER
FACILITY PERSONNEL: BIZAD CUNNINGHAM
TELEPHONE #: (609) 881-7400
OTHER STATE/EPA PERSONNEL: MIKE GERCHMAN - ISHWENG
REPORT PREPARED BY: JACK R. ALLEN
REVIEWED BY: Terry W. Oslander
DATE OF REVIEW: 10/17/89

REVISION: 3

PHOTOS TAKEN: ☐ YES ☒ NO

SAMPLE TAKEN: ☐ YES ☒ NO

If yes, how many?

NO. OF SAMPLES: N/A

NJDEP ID #: N/A

MANIFESTS REVIEWED: ☒ YES ☐ NO

Number of Manifests in Compliance: ALL

Number of Manifests Not in Compliance: NONE

List Manifest Document Numbers of Those Manifests Not in Compliance:

Describe the activities that result in the generation of hazardous waste.

- 1.) VIBRATING SCREENS (SWEGOS) GENERATE SOLIDS
- 2.) RECEIVING TANKS ARE PERIODICALLY CLEANED - BOTTOMS & WAX
- 3.) WASTEWATERS AND LIGHT ENDS FROM PROCESS
- 4.) SPILL CLEAN UP RESIDUE

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes).

1.) SIX (6) 55 GALLON DRUMS - X725

2.) TANKS 1-6 - 157,500 GAL X721 - X726

TANKS 7-10 - 135,850 GAL X721 - X726

TANK 18 5,000 GAL " "

TANKS 22-23 40,000 GAL " "

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS

PETROLEUM RECYCLING INC. IS A COMMERCIAL TSD FACILITY
CURRENTLY OPERATING UNDER INTERM STATUS AS AN "EXISTING
FACILITY". ONLY WASTE OIL TYPES X-721 THROUGH X-728 (N.T. DESIGNATION)
ARE ACCEPTED BY P.R.I. FOR THE PURPOSES OF RECLAMATION AND
RESALE OF A FINISHED AS #4 FUEL OIL. THE PLANT IS CURRENTLY
EQUIPPED TO HANDLE UP TO 250,000 GALLONS PER WEEK, BUT
HAS SUBMITTED A PROPOSAL TO BHWENG TO EXPAND THEIR OPERATION
TO INCLUDE SOLVENT RECOVERY AND RECYCLING IN ADDITION TO
WASTE OIL. THIS APPLICATION IS CURRENTLY UNDER REVIEW.

P.R.I. IS PERMITTED (T.O.A.) TO ACCEPT WASTE OILS WHICH MEET
THE FOLLOWING SPECIFICATIONS: $> 100^{\circ}\text{F}$ FLASH, PCB'S < 2 PPM (TSCA),
TOTAL HALOGENS AND BS&W ARE ALSO RUN ON EACH INCOMING
SHIPMENT.

FOLLOWING AN ACCEPTABLE ANALYSIS, THE INCOMING MATERIAL IS
OFF-LOADED INTO ONE OF SIX (6) SEMI-UNDERGROUND RECEIVING TANKS
(THESE WILL BE REPLACED BY ABOVE GROUND TANKS ONCE THE FINAL
PERMIT IS ISSUED). THE OIL IS THEN SWECO FILTERED. SOLIDS ARE
STORED IN A CARBON STEEL TANK, WHILE THE LIQUID PHASE IS GRAVITY
FED INTO HOLDING TANKS. THE OIL IS PROCESSED IN STEAM HEATED
TANKS TO SEPERATE WATER AND LIGHT ENDS WHICH ARE STORED IN
TANK # 22 PRIOR TO REMOVAL OFF SITE FOR DISPOSAL.

FINISHED PRODUCT OIL IS STORED IN TANKS # 11-16 TO AWAIT
RESALE.

HAZARDOUS WASTE FACILITY STANDARDSYES NO N/A**MANIFESTS**

7:26-7.4(a)4	Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).	<u>X</u>	—	—
7:26-7.4(a)4i	The generator's name, address and phone number.	<u>X</u>	—	—
7:26-7.4(a)4ii	The generator's EPA ID number.	<u>X</u>	—	—
7:26-7.4(a)4iii	The hauler(s) name, address phone number and NJ registration.	<u>X</u>	—	—
7:26-7.4(a)4iv	The hauler(s) EPA ID number.	<u>X</u>	—	—
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility.	<u>X</u>	—	—
7:26-7.4(a)4vi	The TSF's EPA ID number.	<u>X</u>	—	—
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility.	<u>X</u>	—	—
7:26-7.4(a)4vii	The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?	<u>X</u>	—	—
7:26-7.4(a)4viii	Special handling instructions and any other information required on the form to be shipped by generator?	<u>X</u>	—	—

YES NO N/A

7:26-7.4(3)	Did the generator describe all N.O.S. wastes in Section J?	<u>X</u>	—	—
7:26-7.4(a)ix	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest?	<u>X</u>	—	—
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:	<u>X</u>	—	—
7:26-7.4(a)5i	Sign the manifest certification by hand?	<u>X</u>	—	—
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	<u>X</u>	—	—
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	<u>X</u>	—	—
7:26-7.4(a)5iv	Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator?	<u>X</u>	—	—
7:26-7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	<u>X</u>	—	—
7.26-7.4(f)	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	<u>X</u>	—	—
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	<u>X</u>	—	—
7:26-7.4(h)1	If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?	—	—	<u>X</u>
7:26-7.4(h)2	Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	—	—	<u>X</u>

YES NO N/A

7:26-9.4(b)

Waste Analysis

7:26-9.4(b)11

Is there a detailed chemical and physical analysis of a representative sample of the waste(s) or each waste? (At a minimum, this analysis must contain all the information necessary for proper treatment storage or disposal of the waste).

X

7:26-9.4(b)1111

Does the character of the waste handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? Check only one:

 X

FREQUENT TESTING PERFORMED AS PER WAP.

Waste characteristics vary:

All waste(s) are basically the same: X

Company treats all waste(s) as hazardous:

7:26-9.4(b)2

Is there a written waste analysis plan at the facility?

X

Does it contain:

7:26-9.4(2)1

Parameters for which each hazardous waste stream will be analyzed including constituents listed in NJAC 7:26-8.16 and the rationale for the selection of these parameters?

X

7:26-9.4(b)211

The test methods which will be used to test for these parameters?

X

7:26-9.4(b)2111

The sampling method which will be used to obtain a representative sample of the waste to be analyzed?

X

7:26-9.4(b)21v

The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date?

X

7:26-9.4(b)2v

For off-site facilities, the waste analysis that hazardous waste generators have agreed to supply?

X

7:26-9.4(b)2v11

Procedures which will be used to identify changes in waste stream characteristics?

X

Does hazardous waste come to this facility from an outside source? (e.g., another generator).

X

If yes, list the name(s) of generators.

TOO NUMEROUS TO LIST.

YES NO N/A

7:26-9.4(b)4	If waste comes from an outside source, are there procedures in the waste analysis plan to insure that waste received conforms to the accompanying manifest?	<u>X</u>	—	—
	Does the plan describe:			
7:26-9.4(b)41	The procedures which will be used to determine the identity of each shipment of waste managed at the facility?	<u>X</u>	—	—
7:26-9.4(b)411	The sampling method which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling?	<u>X</u>	—	—
7:26-9.4(c)1	Did the facility accept hazardous waste which it is not authorized to handle?	<u>X</u>	—	—
7:26-9.4(i)	Are all records and results of waste analysis performed pursuant to NJAC 7:26-9.4(b) and 9.4(e) as applicable written in the operating log?	<u>X</u>	—	—
7:7:26-9.4(h)	<u>Security</u>			
	Does the facility have:			
7:26-9.4(h)11	A 24 hour surveillance system which continuously monitors and controls entry onto the active portion of the facility?	<u>X</u>	—	—
7:26-9.4(h)111	An artificial or natural barrier, which completely surrounds the active portion of the facility; and a means to control entry, at all times, through the gates or other entrances to the active portion of the facility?	<u>X</u>	—	—
7:26-9.4(h)3	Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?	<u>X</u>	—	—
	If no, explain what measures are taken for security.			

YES NO N/A

7:26-9.4(f)

General Inspection Requirements

7:26-9.4(f)1

Does the owner or operator inspect the facility for malfunctions and deterioration, operator errors and discharges which may be causing, or may lead to:

7:26-9.4(f)1i

Discharge of hazardous waste constituents to the environment?

X — —

7:26-9.4(f)1ii

A threat to human health?

X — —

7:26-9.4(f)3

Has the owner or operator developed, and does the owner or operator follow a written schedule for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment that are utilized for the prevention, detection or response to environmental or human health?

X — —

7:26-9.4(f)3i

Did the owner or operator submit the written inspection schedule to the department?

X — —

If yes, when was it submitted?

X — —

7:26-9.4(f)3iii

Is the written inspection schedule kept at the facility?

X — —

7:26-9.4(f)3iv

Does the schedule identify the types of problems to be looked for during the inspection?

X — —

7:26-9.4(f)3v

Does the schedule include the frequency of inspection, based upon the rate of possible deterioration of the equipment and the probability of an environmental, or human health incident if the deterioration or malfunctions or any operator error goes undetected between inspections?

X — —

7:26-9.4(f)5

Is there evidence that problems reported in the inspection log have not been remedied?

X — —

7:26-9.4(f)6

Does the owner/operator record inspections in a log?

X — —

YES NO N/A

7:26-9.4(f)6	Are these records kept for at least three (3) years from the date of inspection?	<u>X</u>	—	—
7:26-9.4(f)6	Does the records include the date, and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial action?	<u>X</u>	—	—
7:26-9.4(g)	<u>Personnel Training</u>			
	Have facility personnel successfully completed a program of classroom instruction or on-the-job training within six months of having been employed?	<u>X</u>	—	—
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?	<u>X</u>	—	—
7:26-9.4(g)5	<i>GLEN WEAVER, BRAD CUNNINGHAM</i> If yes, have facility personnel taken part in an annual review of training?	<u>X</u>	—	—
	Is there written documentation of the following:	<u>X</u>	—	—
7:26-9.4(g)61	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	<u>X</u>	—	—
7:26-9.4(g)611	A written job description for each position related to hazardous waste management?	<u>X</u>	—	—
7:26-9.4(g)6111	A written description of the type and amount of both introductory and continuing training given to personnel in jobs related to hazardous waste management?	<u>X</u>	—	—
7:26-9.4(g)61v	Documentation of actual training or experience received by personnel?	<u>X</u>	—	—

YES NO N/A

7:26-9.4(g)7	Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?	<u>X</u>	—	—
7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?	<u>X</u>	—	—
7:26-9.6	<u>Preparedness and Prevention</u>			
	Does the facility comply with preparedness and prevention requirements including maintaining:			
7:26-9.6(b)1	An internal communications or alarm system?	<u>X</u>	—	—
7:26-9.6(b)2	A telephone or other device to summon emergency assistance from local authorities?	<u>X</u>	—	—
7:26-9.6(b)3	Portable fire equipment, spill control equipment, and decontamination equipment?	<u>X</u>	—	—
7:26-9.6(b)4	Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?	<u>X</u>	—	—
7:26-9.6(c)	Is equipment tested and maintained?	<u>X</u>	—	—
7:26-9.6(d)1	Is there immediate access to communications or alarm systems during handling of hazardous waste?	<u>X</u>	—	—
7:26-9.6(e)	Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?	<u>X</u>	—	—

If no, please explain.

YES NO N/A

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

X — —

Explain. - DUE TO THE QUANTITY

7:26-9.6(f)

Has the facility made the following arrangements, as appropriate for the type of waste handled on site?

X — —

7:26-9.6(f)1

Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?

X — —

7:26-9.6(f)2

Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?

X — —

7:26-9.6(f)3

Agreements with emergency response contractors, and equipment suppliers?

X — —

7:26-9.6(f)4

ENROSERVE
Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?

X — —

7:26-9.6(f)5

Arrangements with local fire departments to inspect the facility on a regular basis with at least two inspections annually?

X — —

7:26-9.7

Contingency Plan and Emergency Procedures

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?

X — —

YES NO N/A

- 7:26-9.7(b) Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment? X — —
- 7:26-9.7(c) Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility? X — —
- 7:26-9.7(d) Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with NJAC 7:1E-4.1 et seq.? X — —
- If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section? X — —
- 7:26-9.7(e) Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and state and local emergency response teams to coordinate emergency services? X — —
- 7:26-9.7(f) Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up-to-date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall assume responsibility as alternates? X — —

YES NO N/A

7:26-9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?

X — —

7:26-9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?

X — —

7:26-9.7(i)

Is a copy of the contingency plan and all revisions to the plan:

1. Maintained at the facility; and

X — —

2. Has the contingency plan been submitted to local authorities (police, fire departments, emergency response teams)?

X — —

7:26-9.7(k)

Is there at least one employee on site or on call with the responsibility of coordinating all emergency response measures?

X — —

7:26-9.8

Closure Plan

7:26-9.8(c)

Does the facility have a written closure plan?

X — —

Does the owner/operator keep a written copy of the closure plan and all revisions to the plan at the facility?

X — —

If yes, does the plan include:

YES NO N/A

7:26-9.8(e)11	A description of how and when the facility will be partially closed (if applicable) and ultimately closed?	<u>X</u>	<u>—</u>	<u>—</u>
7:26-9.8(e)111	NO ACTUAL ANTICIPATED DATE The maximum extent of the operation which will be open during the life of the facility?	<u>X</u>	<u>—</u>	<u>—</u>
7:26-9.8(e)2	An estimate of the maximum inventory of wastes in storage or in treatment at any given time during the life of the facility?	<u>X</u>	<u>—</u>	<u>—</u>
7:26-9.8(e)3	A description of the steps needed to decontamination facility equipment during closure?	<u>X</u>	<u>—</u>	<u>—</u>
7:26-9.8(e)4	A schedule for final closure including the anticipated date when the wastes will no longer be received, the date when completion of final closure is anticipated, and intervening milestone dates which will allow tracking of the progress of closure? SCHEDULE OF DAY 01 → 100 Post Closure Plan	<u>X</u>	<u>—</u>	<u>—</u>
26-9.9(g)	Does the facility have a written post-closure plan kept at the facility? If yes, does the plan:	<u>X</u>	<u>—</u>	<u>—</u>
26-9.9(1)	Identify the activities which will be carried on after closure and the frequency of these activities?	<u>X</u>	<u>—</u>	<u>—</u>
26-9.9(1)1	Include a description of the planned ground water monitoring activities and frequencies at which they will be performed?	<u>X</u>	<u>—</u>	<u>—</u>
26-9.9(1)2	Include a description of the planned maintenance activities, and frequency at which they will be performed, to insure the following:	<u>X</u>	<u>—</u>	<u>—</u>
26-9.9(1)21	The integrity of the cap and final cover or other containment structures where applicable?	<u>—</u>	<u>—</u>	<u>X</u>
26-9.9(1)211	Describe the function of the facility monitoring equipment? ONLY monitoring well	<u>X</u>	<u>—</u>	<u>—</u>

CLOSURE FUND AS OF 1/89
APPROX. \$110,000

YES NO N/A

7:26-9.9(1)3

Include the name, address and phone number of a person or office to contact about the disposal facility during the post-closure period?

x — —

Does the owner/operator have a written estimate of the cost of post-closure for the facility?

x — —

If yes, what is it?

APPROX. \$100,000—

Please circle all appropriate activities and answer questions in appropriate sections all activities circled.

StorageTreatmentDisposalContainer < 90 daysTank

Landfill

Tank, Above Ground

Surface Impoundments

Tank, Below Ground

Incineration

Surface Impoundments

Surface Impoundments

Thermal Treatment

Other _____

Waste Piles

Other _____ Chemical, Physical and Biological Treatment

Other _____

7:26-9.4(d)

Containers

What type of containers are used for storage? Describe the size, type, quantity and nature of wastes (e.g., 12 fifty-five gallon drums of waste acetone).

55 gallon drums for storage < 90 days (x725)

7:26-9.4(d)11

Do the containers appear to be of sturdy leakproof construction of adequate wall thickness, weld, hinge and seam strength, and of sufficient material strength to withstand side and bottom shock, while filled, without impairment of the container's ability to contain hazardous waste?

x — —

If no, explain.

YES NO N/A

7:26-9.4(d)111	Are the lids, caps, hinges or other closure devices of sufficient strength that when closed, they will withstand dropping, overturning or other shock without impairment of the container's ability to contain hazardous waste?	<u>X</u>	—	—
	If no, explain.			
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?	<u>X</u>	—	—
7:26-9.4(d)2	If not, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.			
7:26-9.4(d)3	Are hazardous wastes stored in containers made of compatible materials?	<u>X</u>	—	—
7:26-9.4(d)41	Are all containers securely closed, except those in use, so that there is no escape of hazardous waste or its vapors?	<u>X</u>	—	—
	If no, explain.			
7:26-9.4(d)4111	Do containers appear to be properly opened, handled or stored in a manner which will minimize the risk of the container rupturing or leaking?	<u>X</u>	—	—
	If no, explain.			
7:26-9.4(d)iv	Are containerized hazardous wastes segregated in storage by waste type?	<u>X</u>	—	<u>X</u>
7:26-9.4(d)v	Are containerized hazardous wastes arranged so that their identification label is visible?	<u>X</u>	—	—
7:26-9.4(d)5	Does the owner/operator inspect the container storage area at least daily, looking for leaks and for deterioration caused by corrosion or other factors?	<u>X</u>	—	—
7:26-9.4(d)6	Are containers holding ignitable and reactive waste located at least 50 feet (15 meters) away from the facility's property line?	<u>X</u>	—	<u>X</u>

YES NO N/A

7:26-9.4(d)71

Are incompatible wastes, or incompatible wastes and materials placed in the same container?

— X —

If yes, explain.

7:26-9.4(d)711

Are hazardous wastes placed in unwashed containers that previously held incompatible wastes?

— X —

If yes, explain.

7:26-9.4(d)7111

Are containers holding hazardous waste that are incompatible with any waste or other materials stored nearby in other containers, open tanks, or surface impoundments separated from the other materials or protected from them by means of a dike, berm, wall or other device?

— X —

7:26-9.4(e)11

Are ignitable, reactive or incompatible wastes protected from sources of ignition or reaction?

X — —

If no, explain.

7:26-9.4(e)111

Does the owner/operator confine smoking and open flames to specially designated locations when ignitable or reactive wastes are being handled?

X — —

If no, explain.

7:26-9.4(e)1111

Does the owner/operator conspicuously place "No Smoking" signs whenever there is a hazard from ignitable or reactive waste?

X — —

If the treatment, storage or disposal of ignitable or reactive waste, and the mixture of incompatible wastes and materials, conducted so that it does not:

7:26-9.4(e)21

Generate extreme heat or pressure, fire or explosion, or violent reaction?

X — —

7:26-9.4(e)211

Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health.

X — —

YES NO N/A

7:26-9.4(e)2iii Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion? X — —

7:26-9.4(e)2iv Damage the structural integrity of the device or facility containing the waste? X — —

7:26-9.4(e)2v Threaten human health or the environment? X — —

7:26-11.2 Tanks

What are the approximate number and size of tanks containing hazardous waste?

X — —

Identify the waste treated/stored in each tank.

TANKS 1-6 30,000 GAL INCOMING
7-10 40,000 GAL PROCESS
18 12,000 GAL LIGHT ENDS
22, 23 20,000 GAL WASTE OIL

General Operating Requirements

7:26-11.2(a)2 Are hazardous wastes or treatment reagents placed in the tank that could cause the tank or its inner liner to rupture, leak or corrode? — X —

If yes, please explain.

Are there leaking tanks? — X —

7:26-11.2(a)2 Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger of ruptures, corrosion, leaks or other failures? X — —

7:26-11.2(3) Do uncovered tanks have at least two feet of freeboard or an adequate containment structure? X — X

7:26-11.2(a)4 If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank? X — —

7:26-11.2(c) Inspections

Is the tank(s) inspected for:

1. Discharge control equipment (each operating day). X — —

YES NO N/A

	2. Monitoring equipment (each operating day).	<u>X</u>	—	—
	3. Level of waste in tank (each operating day).	<u>X</u>	—	—
	4. Construction of materials of the tank (weekly).	<u>X</u>	—	—
	5. Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures (weekly)?	<u>X</u>	—	—
7:26-11.2(e)	Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction?	<u>X</u>	—	—
	If no, please explain.			
7:26-11.2(f)	Does it appear that incompatible wastes are being stored separate from each other?	<u>X</u>	—	<u>X</u>
7:26-9.2(b)	Are there underground tanks used to store hazardous waste?	<u>X</u>	—	—
	If yes, how many and can they be entered for inspection?	<u>X</u>	—	—
	Has the underground tank been in use on or before November 19, 1980?			
	Specify Date. 1976 - Being Replaced.	<u>X</u>	—	—
	If no, when was the tank placed in use?			
7:26-9.2(b)31	Does the facility have a ground water monitoring plan approved by the department?	<u>X</u>	—	—
7:26-9.2(b)311	Is the use of the tank specified to the manufacturers recommended lifetime?	<u>X</u>	—	—
7:26-11.3	<u>Surface Impoundments</u> - NO SURFACE IMPOUNDMENTS			
	Describe the design and operating features of the surface impoundment to prevent ground water contamination (e.g., liner leachate collection system).			
	Give the approximate size of surface impoundments (gallons or cubic feet). Please specify the types of waste stored and treated.			

YES NO N/A

7:26-11.7(e)1

Are ignitable or reactive waste fed into the waste treatment system treated or protected from any material or conditions which may cause it to ignite or react?

____ _

If yes, explain how.

7:26-11.7(f)

Are the incompatible wastes placed in the same treatment process?

____ _

If yes, please explain.

7:14A-6

Ground Water Monitoring - ECRA WWS

(Applies only to: Surface impoundments, landfills, land disposal facilities).

7:14A-6.2

Does the owner/operator have a ground water monitoring plan approved by the department and capable of determining the facility's impact on the quality of ground water?

____ _ x

If no, please explain.

How many monitoring wells has the facility installed?

What is the depth to ground water?

How many deep monitoring wells are on site? (Indicate depth of monitoring wells).

How many shallow monitoring wells are on site? (Indicate depth of monitoring wells).

7:14A-6.3(a)

Is the ground water monitoring system capable of yielding ground water samples for analysis?

____ _ x

If no, please explain.

7:14A-6.3(a)1

Are monitoring wells installed hydraulically upgradient?

____ _ x

If yes, specify how many and the depth of each.

YES NO N/A

7:14A-6.3(a)2

How many monitoring wells are installed hydraulically downgradient?

If yes, specify how many and the depth of each.

7:14A-6.4(a)

Does the owner/operator have a ground water sampling and analysis plan?

If no, please explain.

7:14A-6.4(a)

Does the plan include procedures and techniques for:

1. Sample Collection
2. Sample Preservation and Shipment
3. Analytical Procedures
4. Chain of Custody

List the types and quantities of hazardous waste incinerated.

7:26-9.4(b)3

Did the owner or operator submit the waste analysis plan to the Department?

If yes, when was the plan submitted?

TO: JOHN SKOVIAK, RC+TS

DATE: 8/24/89

FROM: TERRY OSTRANDER

SUBJECT: RCNA CEI AND LANDBAN REPORT
FOR SOUTH JERSEY PUBLISHING INC, PLEASANTVILLE
INSPECTION OF: 8/7/89 NJ0065693319

ATTACHED YOU WILL FIND A COPY OF THE RCNA
CEI AND LANDBAN REPORTS FOR SOUTH
JERSEY PUBLISHING, PLEASE TRANSMIT THIS COPY
TO USEPA REGION II EVEN THOUGH WE DON'T SUSPECT
VIOLATIONS OF LANDBAN REGULATIONS.

CC: CASE FILE _____
INVESTIGATION BEN WILSON

RECEIVED

AUG 23 1989

BUREAU OF COMPLIANCE
& TECHNICAL SERVICES

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
~~5th Fl., 401 E. State St., Trenton, N.J. 08625~~

NOTICE OF VIOLATION

ID NO. NJD 065693319 DATE Aug 7, 1989
NAME OF FACILITY South Jersey Publishing Inc.
LOCATION OF FACILITY 22 Devins Lane, Pleasantville NJ, 08232
NAME OF OPERATOR Mrs. Kenneth Corder, Director of Operations

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder and/or the Spill Compensation and Control Act, (N.J.S.A. 58:10-23.11 et seq.) and Regulations (N.J.A.C. 7:1E-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION 7:26-7.4(f) Failure to maintain manifests and waste analysis for 3 years. (no manifest copies)
7:26-7.3(a) accumulating Hazardous Waste for greater than 90 days
7:26-7.3(b) - Failure to date drums with accumulation date
7:26 9.4(d) Some containers not in good condition
7:26 9.4(d) 4v Failure to label containers
7:26 9.6(f) 4 Failure to have arrangements with local authorities
7:26 9.4(g) 2, 6a, 6b, 6c, 6d, 7 failure to have documentation related to personnel training
7:26 9.4(g) 8 failure to hold semi annual fire drills
7:26 9.7 et seq failure to have a written Contingency plan

Remedial action to correct these violations must be initiated immediately and be completed by

Sept 6, 1989. Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$25,000 per violation.

Benjamin C. Wilson
Investigator, Division of Waste Management
Department of Environmental Protection

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
~~5th Fl., 401 E. State St., Trenton, N.J. 08626~~

NOTICE OF VIOLATION

ID NO. NJD 065693319 DATE August 7 1989
NAME OF FACILITY South Jersey Publishing Inc
LOCATION OF FACILITY 22 Devens Lane, Pleasantville NJ
NAME OF OPERATOR Mr. Kenneth Corder, Director of Operations

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder and/or the Spill Compensation and Control Act, (N.J.S.A. 58:10-23.11 et seq.) and Regulations (N.J.A.C. 7:1E-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION _____
NJSA 58:10-23.11C Discharge of a Hazardous Substance
re Petroleum Hydrocarbons
NJSA 58:10-23.11D Failure to immediately notify
the Department of the discharge
discharge is in area immediately around waste
oil pump out pipe at outside rear garage

Remedial action to correct these violations must be initiated immediately and be completed by

Aug 22, 1989. Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$25,000 per violation.

Blayman Cuklorn
Investigator, Division of Waste Management
Department of Environmental Protection
20 East Clementon Rd.
Gibbstown NJ 08026
Suite 303 N
(609) 346-8000

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-029

BILL F41 → FILE
- SPILL INCLUDED -
(10)

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: South Jersey Publishing Co.
FILE NUMBER: _____
VHT FACILITY FILE NUMBER: _____
PERMIT #: _____
REGION: 5
INSPECTION DATE: August: 7, 1989
INCIDENT/CASE NUMBER: _____
INSPECTION TYPE: RCRA
RESPONSIBLE AGENCY CODE: SBFO
INSPECTOR'S NAME: Ben Wilbur
INSPECTOR'S AGENCY: NJDEP
INSPECTOR'S BUREAU: NJDEP / DIV. HAZ. WASTE MGT.
EPA ID NUMBER: NJD 065693319
ADDRESS: 22 Dorens Lane
Pleasantville, NJ; 08232 Atlantic Co.
LOT: 1,3,2 BLOCK: 432
COUNTY: Atlantic County
FACILITY PERSONNEL: Mr. Ken Corder; operations mgr.
Mr. John Skinkauer; maintenance Supv.
TELEPHONE #: (609)-645-1234
OTHER STATE/EPA PERSONNEL: _____
REPORT PREPARED BY: Ben Wilbur, SBFO.
REVIEWED BY: Terry W Ostrander
DATE OF REVIEW: 8/23/89

TIME IN: _____

TIME OUT: _____

PHOTOS TAKEN () YES (☒) NO

IF YES, HOW MANY? _____

SAMPLE TAKEN () YES (☒) NO

NO. OF SAMPLES _____

NJDEP SAMPLE ID#: _____

MANIFESTS REVIEWED () YES (☒) NO

Number of manifests in compliance _____

Number of manifests not in compliance _____

List manifest document numbers of those manifests not in compliance. *no copies or originals available*

-A1-

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS:

South Jersey Publishing Inc. is the publisher of the Atlantic City Press, a daily and Sunday newspaper. The Company was recently purchased by ABARTA Inc. of Pittsburgh, Pa; new management is now operating this business site.

Their printing operations use "letter press ink" supplied by Gem Chemical; this supplier indicated that "waste ink" from this operation would be a non hazardous material.

The company is presently converting away from using this type of ink to exclusive use of water based ink also supplied by Gem Chemical. Gem Chemical indicated that their water based ink is also non-hazardous and ~~was~~ would not be a hazardous waste if disposed of.

The site has a garage operation for maintaining fleet cars and trucks; waste oil is collected into a 550 gal inground storage tank and collected regularly by Cose. The garage also has 2 Safety Kleen parts cleaning stations each having about 8 gals of D001 and F002 cleaning solvents.

Printing operations required periodic cleaning of parts and this site has been using 1,1,1 trichloroethane as a cleaning solvent for this. As of this inspection they had accumulated some 22 drums of waste trichlor. (F002) over several years.

-A2-

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

As a result of this RCRA audit I cited
South Jersey Publishing Inc for the following deficiencies

- 1) 7.4(f) - failure to maintain manifests for past 3 years
- 2) 9.3(a) 1 - accumulating hazardous waste for greater than 90 days
- 3) 9.3(a) 3 failure to date drums with accumulation date
- 4) 9.4(d) 2 2 - Containers not in good condition for waste storage
- 5) 9.4(d) 4v failure to label containers
- 6) 9.6(f) 4 failure to have arrangements with local authorities
to familiarize them with waste on site
- 7) 9.4(g) 2, 6i, 6ii, 6iii, 6iv, 7 - personnel training
and related documentation
- 8) 9.4(g) 8 failure to hold semi annual fire drills
- 9) 9.7 et seq failure to have a written contingency plan.

In addition I served an NOV for a very small
spill around the waste oil tank pipe; area
was about 3-4 square feet of stained soil.

Cited - 10:23.11C discharge

10:23.11L failure to notify

-A3-

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS (continued):This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears slightly aged or off-white. There are some small dark spots or specks scattered across the surface, particularly near the top center and bottom right. The edges of the paper are slightly irregular.

-B-

Describe the activities that result in the generation of hazardous waste.

There are several sources for hazardous waste as follows.

1. garage operations: waste automotive / truck oil collected into an underground tank (capacity of 550 gal.).
2. Safety Kleen Stations at the garage site each holding ~ 8 gals. of D001 and 3 F002 ~~spoil~~ solvents.
2. Printing Operations: Solvent cleaning of equipment using 1,1,1 Trichloroethane F002 waste

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

D001 mineral spirits auto parts cleaning - 8 gal } Safety
 F002 auto parts cleaning (Safety Kleen system) - 8 gal } Kleen
 F002 - 1,1,1 Trichloro ethane - 22 drums (1100 gal)
 accumulated for several years for the printing
 machine parts / ink removal cleaning.

GENERAL CHECKLIST

GENERAL

7:26-7.4(a)1

Does the Generator have an EPA ID number?

YES NO N/A

☒ ☐ ☐

HAZARDOUS WASTE DETERMINATION

7:26-8.5(a)

Did the generator test its waste to determine whether it is hazardous?

☒ ☐ ☐

7:26-8.5(b)

Did the generator determine the hazardous characteristics based upon knowledge of process?

☒ ☐ ☐

Is the waste hazardous?

☒ ☐ ☐

7:26-8.5(d)

Were test results, waste analysis, or other determinations made in accordance with this section kept for three years from the date that the waste was last sent to an on-site or off-site TSF?

☒ ☐ ☐

MANIFESTS

7:26-7.4(a)4

Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).

☐ ☐ ☐

7:26-7.4(a)4i

The generator's name, address and phone number.

☐ ☐ ☐

7:26-7.4(a)4ii

The generator's EPA ID number.

☐ ☐ ☐

7:26-7.4(a)4iii

The hauler(s) name, address phone number and NJ registration.

☐ ☐ ☐

7:26-7.4(a)4iv

The hauler(s) EPA ID number.

☐ ☐ ☐

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

☐ ☐ ☐

7:26-7.4(a)4vi

The TSF's EPA ID number.

☐ ☐ ☐

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

☐ ☐ ☐

7:26-7.4(a)4vi1

The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?

☐ ☐ ☐

7:26-7.4(a)4vi11

Special handling instructions and any other information required on the form to be shipped by generator?

☐ ☐ ☐

Waste oil
is picked up
regularly
by Canal
Safety plan
picked up
regularly
at 2 station
Other waste
collected
FOOZ type
material
has to be
shipped
off site
after test

no manifests or
copies
kept
as of this
inspection

N/A

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-7.4(3)	Did the generator describe all N.O.S. wastes in Section J?	—	—	—
7:26-7.4(a)1x	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest?	—	—	—
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:	—	—	—
7:26-7.4(a)51	Sign the manifest certification by hand?	—	—	—
7:26-7.4(a)511	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	—	—	—
7:26-7.4(a)5111	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	—	—	—
7:26-7.4(a)51v	Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator?	—	—	—
7:26-7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	—	—	—
* 7:26-7.4(f)	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	—	✓	—
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	—	—	N/W
7:26-7.4(h)1	If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?	—	—	n/r
7:26-7.4(h)2	Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	—	—	n/r

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☒ Containers
☐ Tanks (greater than 90 days)
(complete HWMF (TSD) Facility Checklist)
☐ Tanks (less than 90 days)
☐ Above ground
☐ Below ground
☐ Surface impoundments
(complete HWMF (TSD) Facility Checklist)
☐ Piles (complete HWMF checklist)

YES NO N/A

* 7:26-9.3(a)1

Is waste accumulated for more than
90 days? /

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSF) CHECKLIST IS
FILLED OUT.

Short term accumulation standards for generators who accumulate waste in containers and tanks for 90 days or less:

		<u>YES</u>	<u>NO</u>	<u>N/A</u>	
<u>Containers</u>					
7:26-9.4	What type of containers are used for storage. Describe size, type, quantity, and nature of waste (e.g. 12 fifty-five gallon drums of waste acetone).	—	—	—	FOO 2 truckload
* 7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?	✓	✓	—	Some rusted, not all in good condition overpacks needed for 2 containers
	If no, describe the problem (include number of containers involved.)	—	—	—	
7:26-9.4(d)41	Are all containers securely closed except those in use?	✓	—	—	
7:26-9.4(d)4111	Do the containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing and/or leaking?	✓	✓ OK PM	—	
7:26-9.4(d)41v	Are containerized hazardous wastes segregated in storage by waste type?	✓	—	—	no labels
* 7:26-9.4(d)4v	Is every container arranged so that its identification label is visible?	—	✓	—	
7:26-9.4(d)5	Is the container storage area inspected at least daily?	✓	—	—	
7:26-9.4(d)6	Are containers holding ignitable and reactive wastes located at least 50 (fifty) feet (15 meters) from the facilities property line?	—	—	—	N/A
7:26-7.2(a)	Did the owner/operator conspicuously label appropriate manifest number on all hazardous waste containers that are intended for shipment?	—	—	—	N/A none ready for shipment
* 7:26-9.3(a)3	Is each container clearly dated with each period of accumulation so as to be visible for inspection?	—	✓	—	no labels date Feb

55 gal drums
(81)

YES NO N/A

7:26-7.2(b)

Did the owner/operator insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations? (49CFR 171, 179)

non shipped

— — —

Tanks (Less than 90 day storage)

7:26-9.3(b)

Does the generator accumulate hazardous waste on-site in an above ground tank?

N/A

— — —

If yes, describe the tank(s):

- 1) Capacity _____
- 2) Shell thickness _____
- 3) Material Construction _____
- 4) Age of tank _____

7:26-9.3(b)

Does the generator have written approval from the Department to store hazardous waste(s) in this tank(s) for ninety days or less?

— — —

7:26-9.3(b)1

Does each tank(s) have sufficient shell thickness to ensure the tank will not collapse or rupture as specified by the Department?

— — —

7:26-9.3(b)4

Is the tank(s) designed so that at least 99% of the volume of each of the tanks can be emptied by direct pumping or drainage?

— — —

7:26-9.3(b)5

Is each tank(s) rendered empty (1% or less remaining) every 90 days or less?

— — —

7:26-9.3(b)6

Are all wastes removed from the tank(s) shipped off-site to an authorized facility or placed in an on-site, authorized facility?

— — —

7:26-9.3(b)8

If part of the tank is below grade, is it constructed to allow visual inspection of the tank, comparable to a totally above-ground tank and is secondary containment provided for the below grade part?

— — —

7:26-10.5(c)1

Are materials which are incompatible with the material of construction of the tank(s) placed in the tank(s)?

— — —

7:26-10.5(c)2

Does the generator use appropriate controls and practices to prevent overfilling?

— — —

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-10.5(c)2ii	For uncovered tanks, is there sufficient (two feet or acceptable documentation) freeboard to prevent overtopping by wave or wind action by or precipitation?	—	—	N/A
7:26-9.3(b)3	Does each tank(s) or storage tank area have secondary containment?	—	—	—
7:26-10.5(d)1	Is the containment system capable of collecting and holding spills, leaks, and precipitation?	—	—	—
7:26-10.5(d)1i	Is the base underlying the tank(s) free from cracks, gaps, and sufficiently impervious to contain leaks, spills, and accumulated rainfall until the collected material is detected and removed?	—	—	—
7:26-10.5(d)1i	Does the containment system consist of material compatible with the wastes being stored?	—	—	—
7:26-10.5(d)1ii	Is the containment system sloped or otherwise designed to efficiently drain and remove liquids resulting from leaks, spills and precipitation?	—	—	—
7:26-10.5(d)1ii	Is the tank protected from contact with accumulated liquids?	—	—	—
7:26-10.5(d)iv	Does the containment system have sufficient capacity to contain ten percent of the volume of all tanks or the volume of the largest tanks whichever is greater?	—	—	—
7:26-10.5(d)2	Is run-on into the containment area prevented?	—	—	—
	If not, explain.			
7:26-10.5(d)3	Is precipitation removed from the pump or collection area in a timely manner to prevent blockage or overflow of the collection system?	—	—	—
7:26-10.5(d)4	Is spilled or leaked waste removed from the pump or collection area daily?	—	—	—

YES NO N/A

7:26-10.5(d)41	If the collected material is hazardous waste under NJAC 7:26-8, it is managed as a hazardous waste in accordance with all applicable requirements of this chapter?	—	—	N/A
7:26-9.4(g)4	<u>Personnel Training</u> Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility?	—	—	—
7:26-9.4(g)5	Has facility personnel taken part in an annual review of initial training?	—	—	—
* 7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan to implementation) relevant to the positions in which they are employed?	—	—	—
	Is there written documentation of the following:	—	—	—
* 7:26-9.4(g)61	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	—	—	—
* 7:26-9.4(g)611	A written job description for each position related to hazardous waste management?	—	—	—
* 7:26-9.4(g)6111	A written job description on the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management?	—	—	—
* 7:26-9.4(g)61v	Documentation of actual training or experience received by personnel?	—	—	—
* 7:26-9.4(g)7	Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?	—	—	—

Some pain

YES NO N/A

7:26-9.6

Preparedness and prevention

Does the facility comply with preparedness and prevention requirements including maintaining:

7:26-96(b)1	An internal communications or alarm system?	✓	—	—
7:26-9.6(b)2	A telephone or other device to summon emergency assistance from local authorities?	✓	—	—
7:26-9.6(b)3	Portable fire equipment, spill control equipment, and decontamination equipment?	✓	—	—
7:26-9.6(b)4	Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray system?	✓	—	—
7:26-9.6(c)	Is equipment tested and maintained?	✓	—	—
7:26-9.6(d)1	Is there immediate access to communications or alarm systems during systems during handling of hazardous waste?	✓	—	—
7:26-9.6(e)	Adequate aisle space (18") to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?	✓	—	—
	If no, please explain.			
	In your opinion, do the types of waste on site require all of the above procedures, or are some not required?	✓	—	—
	Explain.			
7:26-9.6(f)	Has the facility made the following arrangements, as appropriate for the type waste handled on site:	✓	—	—
7:26-9.6(f)1	Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled - associated hazardous places where facility personnel would normally be working, entrances and roads inside facility and possible evacuation routes.	✓	—	—

local police
a fine
in pleasure
NS

YES NO N/A

7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>yes Pleasantville only</i>
7:26-9.6(f)3	Agreements with emergency response contractors, and equipment supplies?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Safe 1/11/11</i>
* 7:26-9.6(f)4	Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosion, or discharges at the facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7:26-9.6(f)5	Arrangement with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>2/month OK.</i>
7:26-9.6(f)6	If authorities identified in (f)1 through 5, above decline to enter into such arrangements, has the owner, or operator documented this refusal in the operating record.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
* 7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7.26-9.7?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7:26-9.4(g)8i	If no, did the owner or operator petition the Department for an exemption from the semi annual drills requirement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7:26-9.4(g)8ii	Did the owner or operator petition the Department for an exemption excluding some or all local officials in the semi annual drill requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	If yes, did the owner operator provide those specific local officials with written approval of the exemption?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>N/A</i>

YES NO N/A

7:26-9.7

Contingency Plan and Emergency Procedures

* 7:26-9.7(a)

↓

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents into air, soil or surface water?

No written plan

✓

7:26-9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

N/A

7:26-9.7(c)

Does the contingency plan describes the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

✓

7:26-9.7(d)

Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq.

N/A

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?

✓

7:26-9.7(e)

Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?

✓

YES NO N/A

7:26-9.7(f)

Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates?

— / —

7:26-9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external) and decontamination equipment), where this equipment is required? Is the list up-to-date? In addition, does the plan include the location and physical description of each item on the list, and a brief outline of its capabilities?

— / —

7:26-9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in case where the primary route could be blocked by releases of hazardous waste or fires)?

— / —

7:26-9.7(i)

Is a copy of the contingency plan and all revisions to the plan:

1. Maintained at the facility;

— / —

2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)?

— / —

7:26-9.7(k)

Is there an employee on site or on call at all times with the responsibility of coordinating, all emergency response measures?

— / —

10
8/23/89

Inspector: BEN WILBUR

Address: _____

Telephone No: _____

RCRA LAND DISPOSAL RESTRICTION GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

South Jersey Publishing Co 22 Drums Lane
 A. Handler Name B. Street (or other identifier)
Pleasantville NJ 08232 Atlantic
 C. City D. State E. Zip Code F. County Name
Prints daily and Sunday newspapers
 G. Nature of Business; Identification of Operations: SIC Code(s)
NJD 065693319
 H. EPA ID #
Mr. Ken Corder
 I. Handler Contact (Name and Phone Number)

II. GENERATOR COMPLIANCE

Comments

A. Waste Identification

1. F-Solvents

a. Does the handler generate the following wastes?

(i) F001, F002, F004, or F005 ☒ Yes ☐ No(ii) F003 ☐ Yes ☒ No

If an F003 wastestream (listed solely for ignitability) has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic?

☐ Yes ☒ No N/A

b. Source of the above: Form 8700-12 ☐; Part A ☐; Part B ☐; Biennial/Annual Reports ☐ other (specify) ☐

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A-1. To assist in identifying potentially

Handler Name: South Jersey Publishing
ID Number: NTD 00-093319
Inspector: Ben Wilson
Date: 8/2/89

Comments

misclassified F-solvents, Appendix A-2 presents a list of corresponding P and U wastes. Note concerns below: _____

2. Dioxin wastes

- a. Does the handler report the generation of the following wastes? (The following industries may generate listed dioxin wastes: organic chemicals, pesticide or formulator.)

(i) F020 - F023, F026 - F027 ☐ Yes ☒ No
(ii) F028 ☐ Yes ☒ No

[P-solvent BD&T standards are presented as Appendix B]

3. California Waste Identification

- a. Does the facility handle any of the following wastes?

(i) D002 ☐ Yes ☒ No
(ii) D004 - D011 ☐ Yes ☒ No

- b. Does the generator handle any hazardous wastes characterized by high concentrations of halogenated organic constituents (HOCs), metals, or cyanides? ☐ Yes ☒ No

[California waste standards are presented as Appendix C]

- c. Is the generator handling any of the F, K, P, or U wastes subject to the "soft hammer" that may qualify as California wastes due to HOC, metals, or cyanide content? See Appendix D for a listing of California constituents likely to be found by waste code. ☐ Yes ☒ No

- d. Has the generator conducted the paint filter test (Method 9095) [§268.32(i)]? ☐ Yes ☒ No*

- e. Has the generator conducted any testing of these hazardous wastes to determine whether the concentrations qualify the hazardous wastes as California wastes? ☐ Yes ☒ No

If no, has the generator retained records documenting his "applied knowledge" that the hazardous waste is not a California waste?

☐ Yes ☒ No

the only waste of concern here is the 1,1,1 Trichloro-ethane being used as a cleaning solvent, an F002 waste - this will require incineration disposal material has not as yet been disposed of and was stored for 790 days

2/ A potential violation is indicated

GEN-2

Handler Name: STP
ID Number: _____
Inspector: _____
Date: _____

Comments

If "no" is answered to both parts of this question, a violation is indicated. [§268.7(a)]

Describe the nature of the records:

- f. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) _____.

4. First Third Waste Identification

- a. Does the generator handle any of the wastes listed as First Third Wastes in §268.10? See Appendix E for listing. List First Third Wastes handled by the generator here:

- b. Does the generator handle any soft-hammer wastes (Appendices D-1, D-2, and F)? If so, list those wastes:

- c. Are any of the soft-hammered wastes California wastes (see Appendix G)? ☐ Yes ☒ No

If yes, the wastes must meet BDAT standards prior to disposal.

- d. Has the Regional Administrator received demonstrations/certifications for all soft hammered wastes to be land disposed [§268.8(a)(2)]? ☐ Yes ☒ No*

- e. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) _____.

B. BDAT Treatability Group - Treatment Standards Identification

1. Does the generator mix restricted wastes with different treatment standards for constituents of concern? ☐ Yes ☒ No
2. If yes, did the generator select the most stringent treatment standard for the constituent of concern [§268.41(b)]? ☐ Yes ☒ No*

2/ A potential violation is indicated

Handler Name: SSP
ID Number: _____
Inspector: _____
Date: _____

Comments

3. F Solvents - -

- a. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?
____ Yes ____ No*

4. California Wastes

- a. Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [§268.32(h)]? *N/A*
____ Yes ____ No*

5. First Third Wastes

- a. Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [§268.7(a)]?
____ Yes ____ No*

- b. Does the facility handle K061 wastes?
____ Yes ____ No

If yes, were nonwastewaters appropriately classified in either the high or low zinc subcategories (≥15% Zn) [§268.7(a)] [§268.41(a)]?
____ Yes ____ No*

- c. Does the facility handle K101 or K102 wastes?
____ Yes ____ No

If yes, were nonwastewaters appropriately classified in either the high or low arsenic subcategories [§268.7(a)] [§268.41(a)]?
____ Yes ____ No*

- d. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)?
____ Yes ____ No

2/ A potential violation is indicated

Handler Name: SJP
ID Number: _____
Inspector: _____
Date: _____

Comments

C. Waste Analysis - -

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes Yes No *N/A*

(i) List wastes for which "applied knowledge" was used:

b. TCLP Yes No

(i) List wastes for which "TCLP" was used:

(ii) Appendix D lists wastes for which treatment standards are expressed as concentrations in waste extract. Were any wastes handled by the generator subject to waste extract standards not tested using the TCLP? Yes No

If yes, list: _____

c. Total waste analysis Yes No

d. If files were retained, describe content and basis of applied knowledge determination:

If determined by TCLP or total constituent analysis, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: _____

Note which wastes were subjected to which tests:

Note any problems (e.g., inadequate analysis, variation of waste composition/generation for applied knowledge) _____

2/ A potential violation is indicated

GEN-5

Handler Name: SJP
ID Number: _____
Inspector: _____
Date: _____

Comments

- a. Were wastes tested using TCLP or total constituent analysis when a process or wastestream changed [§264.13(a)(3)(i) or §265.13(a)(3)(i)]?
____ Yes ____ No*

2. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(1)]?

List those that exceeded standards: _____

List those that did not exceed standards: _____

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3] ____ Yes* ____ No

D. Management

1. Onsite management

- a. Were restricted wastes managed onsite? ____ Yes ____ No

If no, go to "2".

- b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted? ____ Yes ____ No

If yes, TSDF checklist must be completed.

2. Offsite Management

- a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]:

(i) EPA Hazardous Waste Number? ____ Yes ____ No*

(ii) Corresponding treatment standard? ____ Yes ____ No*

(iii) Manifest number? ____ Yes ____ No*

(iv) Waste analysis, if available? ____ Yes ____ No

2/ A potential violation is indicated

Handler Name: SJP
ID Number: _____
Inspector: _____
Date: _____

Comments

Identify offsite treatment facilities _____

- b. If restricted wastes do not exceed treatment standards, did generator provide the disposal facility with a notice and certification including:
- (i) EPA hazardous waste I.D. number? _____ Yes _____ No*
- (ii) Corresponding treatment standard? _____ Yes _____ No*
- (iii) Manifest number _____ Yes _____ No*
- (iii) Certification regarding waste and that it meets treatment standards? _____ Yes _____ No*

Identify land disposal facilities receiving the BDAT certified wastes _____

- c. If the generator's waste is subject to a §268.5 case by case exemption, a §268.6 "no migration" exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [§268.7(a)(3)]:

- (i) EPA Hazardous Waste Number? _____ Yes _____ No*
- (ii) Corresponding Treatment Standards? _____ Yes _____ No*
- (iii) All applicable prohibitions? _____ Yes _____ No*
- (iv) The manifest number? _____ Yes _____ No*
- (v) The date the wastes are subject to prohibitions? _____ Yes _____ No*
- (vi) Does generator keep records of all notifications/certifications send to offsite facilities? _____ Yes _____ No*

2/ A potential violation is indicated

Handler Name: SSP
ID Number: _____
Inspector: _____
Date: _____

Comments

List all prohibited wastes for which records are not provided per above [§268.7(a)(b):

N/A

Identify TSDFs receiving any prohibited wastes subject to any exemptions and variances:

N/A

d. If handler generates a "soft hammer" waste, does the generator send with each "soft hammer" waste shipment to a TSDF and retain copies of, a notice that includes [268.7(a)(4)]:

N/A

The EPA Hazardous Waste Number? ☐ Yes ☐ No*

Applicable prohibitions? ☐ Yes ☐ No*

The manifest number? ☐ Yes ☐ No*

Waste analysis data, where available? ☐ Yes ☐ No

(i) Do the generator's records indicate that any soft-hammer wastes are destined for disposed in a landfill or surface impoundment [§268.33(f)]? ☐ Yes ☐ No

If yes, list facility of destination and waste of concern [§268.8(a)(2)]

(ii) Has the generator submitted demonstrations and certifications for each "soft-hammered" waste destined to be disposed in landfill or surface impoundment to the Regional Administrator prior to the shipment of waste to the TSDF [§268.7(a)(2)]? ☐ Yes ☐ No*

(iii) Has the generator retained a copy of the demonstration on site [§268.8(a)(3)-(a)(4)]? ☐ Yes ☐ No*

(iv) Has the generator retained copies of all §268.8 certifications sent to the TSDF [§268.7(a)(6)] ☐ Yes ☐ No*

A potential violation is indicated

Handler Name: SJP
ID Number: _____
Inspector: _____
Date: _____

Comments

- (v) Did the generator submit the demonstration to the receiving facility upon the initial shipment of the waste [§268.8(a)(3)-(a)(4)]? Yes No*
- (vi) If the Regional Administrator has invalidated the certification, has the generator ceased shipment of the waste and do records indicate that the generator has informed all receiving facilities of the invalidation [§268.8(b)(3)]? Yes No*

N/A
}

E. Storage of Prohibited Waste

1. Were prohibited wastes stored for greater than 90 days? Yes No
- If yes, was facility operating as a TSD under interim status or final permit [§262.34(b)]? Yes No*

If yes, TSDF Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, waste-water treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes? Yes No
- If yes, list type of treatment unit and processes
- _____

N/A

If yes, TSDF checklist must be completed.

2/ A potential violation is indicated

10 8/23/89

Handler Name: South Jersey Publishing
 ID Number: NJD 005893219
 Inspector: Ben Wilton
 Date: 8-7-89

Comments

APPENDIX A-1

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
carbon tetrachloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorinated fluorocarbons	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

per oil

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichlorofluoromethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2-trichloro-1,2,2-trifluoroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ortho-dichlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
acetone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl acetate	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl ether	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methyl isobutyl ketone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
n-butyl alcohol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
cyclohexane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methanol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the F003 wastestream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic?

☐ Yes ☒ No

N/A

Handler Name: STP
ID Number: _____
Inspector: _____
Date: _____

Comments

4. Does the handler generate any of the following P004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid
nitrobenzene

☐ Yes ☒ No
☐ Yes ☐ No

5. Does the handler generate any of the following P005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene
methyl ethyl ketone
carbon disulfide
isobutanol
pyridine

☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No

6. Are any of the constituents listed in the questions 1-5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

(a) Chemical carriers?

☒ Yes ☐ No

If the answer is yes, list the constituents.

cleaning solvent; uses 1,1,1 trichloro ethane OK BW

(b) Degreasing/cleaning?

☒ Yes ☐ No

If the answer is yes, list the constituents.

uses 1,1,1 - trichloro ethane

(c) Diluents?

☐ Yes ☒ No

If the answer is yes, list the constituents.

Handler Name: SJP
ID Number: _____
Inspector: _____
Date: _____

Comments

(d) Extractants? Yes ☒ No

If the answer is yes, list the constituents.

(e) Fabric scouring? Yes ☒ No

If the answer is yes, list the constituents.

(f) Reaction and synthesis media? Yes ☒ No

If the answer is yes, list the constituents.

If questions 1-6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? A solvent is considered "spent" when it has been used and is no longer used without being regenerated, reclaimed, or otherwise reprocessed. Yes ☒ No

8. If the waste is a mixture of constituents as determined in questions 1-6, answer this to determine whether it is a "solvent mixture" covered by the listings. n/r

If the wastestream is mixed and contains more than one of the F001-F005 constituents listed in questions 1-5 (by volume), give the concentration before use of all the constituents in the solvent mixture/blend. For example: n/r

5% methylene chloride
2% trichloroethylene
25% 1,1,1-trichloroethane
68% mineral spirits
100%

If the wastestream is a mixture containing a total of 10% or more by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste. n/r

Handler Name: South Jersey Publishing
ID Number: _____
Inspector: Ben Miller
Date: 8/7/89

Comments

With respect to the P003 solvent wastes, if, before use, the wastestream is mixed and contains only P003 constituents, it is a listed waste. For example:

33% acetone
16% methanol
51% ethyl ether
100%

N/A

If in light of the above, the handler appears to be generating P001-P005 hazardous wastes, refer this facility to the enforcement official for follow-up actions verifying the use of solvents at the facility.



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER: NJD06569331921

APPROVED

DATE RECEIVED (yr., mo., & day): 8/03/11

I. NAME OF INSTALLATION

SOUTH JERSEY PUBLISHING CO

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 31900 ATLANTIC AVENUE

CITY OR TOWN: ATLANTIC CITY ST. NJ ZIP CODE: 08401

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 DEVINS LANE

CITY OR TOWN: PLEASANTVILLE ST. NJ ZIP CODE: 08230

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): CICCIA MICKEY PRODUCTION MGR

PHONE NO. (area code & no.): 609-645-1234

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: SOUTH JERSEY PUBLISHING CO

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION ☐ B. TRANSPORTATION (complete item VII)
☐ C. TREAT/STORE/DISPOSE ☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1			2			3			4			5			6		
21	-	26	23	-	26	23	-	26	21	-	26	23	-	26	23	-	26
7			8			9			10			11			12		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26

	13		14		15		16		17		18
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26
	19		20		21		22		23		24
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26
	25		26		27		28		29		30
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26

31			32			33			34			35			36		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26
37			38			39			40			41			42		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26
43			44			45			46			47			48		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26

49		50		51		52		53		54	
23	26	23	26	23	26	23	26	23	26	23	26

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(P003)

☐ 4. TOXIC
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Mickey Ciccia, Production Mgr.

Items we use are
not listed —

af.



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJD065693319

INSTALLATION ADDRESS

SOUTH JERSEY PUBLISHING CO
1900 ATLANTIC AVENUE
ATLANTIC CITY NJ 08401
DEVINS LANE
PLEASANTVILLE NJ 08230

The Press and Sunday Press

SOUTH JERSEY PUBLISHING COMPANY



March 4, 1981

Mr. Harry Ruisi
EPA Region II
Information Service Center
26 Federal Plaza
New York, NY 10007

PERMITS AND COMPLIANCE
MAR 6 12 29 PM '81
ENVIRONMENTAL PROTECTION
NEW YORK, N.Y. 10007

Dear Mr. Ruisi:

Enclosed is our "Notification of Hazardous Waste Activity" form. The types of waste we must dispose of are printing ink and cleaning solvents, neither of which seem to fit into the categories on the back of the form. I have enclosed copies of letters that I hope will help clarify this.

We now have on hand approximately 50 55-gal. drums, 95% of which is ink, that must be disposed of. However, we do not have an EPA ID. # and would appreciate your supplying us with one.

Thank you for your assistance in this matter.

Sincerely,

Dominic Ciccio
Production Manager

SERVING SOUTHERN NEW JERSEY

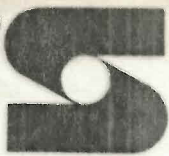
Advertising and Business Offices
1900 ATLANTIC AVENUE
ATLANTIC CITY, N. J. 08404
Phone 609/345-1111

Editorial and Production Departments
DEVINS LANE
PLEASANTVILLE, N. J.
Phone 609/345-1111

Cumberland County Bureau Office
22 W. LANDIS AVENUE
VINELAND, N. J.
Phone 609/691-8000

Cape May County Bureau Office
6 SOUTH MAIN STREET
CAPE MAY COURT HOUSE, N. J.
Phone 609/465-5031

Ocean County Bureau Office
11 NORTH MAIN STREET
MANAHAWKIN, N. J. 08050



November 12, 1980

*Letter from
ink supplier*

Mr. M. Ciccia
Atlantic City Press
1900 Atlantic Avenue
Atlantic City, New Jersey 08404

Dear Mr. Ciccia:

The communications you received from Rollins Environmental Services on October 22 were forwarded to this office through our GPI Philadelphia division. Our tab runs indicate that you are supplied our letterpress product line from that division. The following information can be used in completing the hazardous waste manifest forms.

Under Section 1 of the waste manifest, the waste from letterpress operations is best described in either one of two ways. Using the categories listed, either oil and oil sludges or paint and pigment residues come the closest. It is also possible to identify your waste under "other" as "printing ink residues, oil and pigment dispersion". The physical state would be "M" which stands for mixture, liquid/solid or sludge. With regard to hazard ID, we must assume that since the inks themselves are non-hazardous that the only reason you are contracting a hazardous waste hauler is because there are washup solvents present in the waste. Under those conditions the only hazard ID that would be applicable is "F" - flammable. With regard to the products supplied to you from the General Printing Ink Company, none of the 15 materials listed as OSHA carcinogens is a raw material in any of our systems. Additionally, we do not expect that any of these 15 chemicals would be an impurity in any of the materials we utilize in our products.

With regard to the DOT waste classification on the second form, the appropriate category would be either "combustible" or "flammable" depending on the flashpoint of the washup solvent that enters the waste ink stream. Again, if solvent

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is absent from waste ink taken from fountains it is not of itself a hazardous waste material.

If we can be of any further help, please do not hesitate to contact this office.

Very truly yours,

W. E. Rusterholz
Manager
Regulatory Affairs & Compliance

WER:pf

641-
0320

WASTE DATA SHEET

KUHLINS
Environmental Service
P.O. Box 221, Bridgeton, New Jersey 08302

Customer Information:

Company Name

Address

Company Contact

Waste Description:

Detailed information is required in order for KES (NJ) to evaluate our capabilities to manage your waste in compliance with all applicable environmental regulations.

Quantity

Frequency

Packaging (Drums/Tank)

Type of Process Generating Waste:

WASTE CONTAINED IN (METAL TYPE; LINING MATERIAL):

Chemical Composition:

Compound Name	Norm. Conc. % W	Formula
Double end	90%	W-Pan, d-10-g-7
Formic acid 709 (Safety-solv)	0%	mineral sp-1, methyl chloride, 1, 1, 1, trichloro

Lab Analysis:

METALS		Physical Properties:		Hazardous Properties:	
Pb	MG/L	BTU	/LB.	TOXICITY	
Cd	MG/L	BROMINE	%W	INGESTION	
BE	MG/L	CHLORINE	%W	INHALATION	
OTHERS	MG/L	FLUORINE	%W	DERMAL	
	MG/L	NA, K	MG/L	EYES	
	MG/L	PRESENCE OF:	YES:	REACTIVITY	
	MG/L	CARCINOGEN	NO:	FIRE HAZARD	
CN	MG/L	PESTICIDE		RADIOACTIVITY:	
TOC	MG/L	ODOR		YES:	
BOD	MG/L	SPECIFY		NO:	
COD	MG/L	PCB			
ACIDITY	MG/L	CONCENTRATION:			
TDS	MG/L	ASH:			
SS	MG/L				

I hereby certify that the information on my waste is complete and accurate to the best of my knowledge.

Customer Signature

Title

Date

*SEE ATTACHED

TRANSPORTATION DATA SHEET



Rollins Environmental Services (RES) Inc.
P. O. Box 221, Bridgeport, New Jersey 08014 (609) 467-3100

Company Name _____
Address _____ State _____ Zip _____
Company Contact _____ Phone No. _____

The following information is required in order for us to comply with applicable state and federal regulations. The information is required only once for each customer. Applicable sections must be refiled for new waste streams. If you have any questions call our Transportation Department at 609-467-3100. Please return this completed form to Rollins Environmental Services (RES) at the above address.

I. DOT Waste Classification

It is the legal responsibility of the shipper to provide the DOT Classification for each waste shipment.

Please check the appropriate DOT Classification:

- ☒ Flammable Liquid ☐ Corrosive Material (Liquid) ☐ Corrosive Material (Solid) ☒ ORM-A
☐ Flammable Solid ☐ Poison B ☐ Combustible Liquid ☐ ORM-B

II. New Jersey Manifest

The Manifest is a four-part/five-copy form required by the State of New Jersey Department of Environmental Protection (NJDEP) to accompany all loads of waste to our facility. Waste generators in New Jersey must initiate their own forms provided by NJDEP. For out-of-state generators, RES will provide the manifest.

1. Prior to shipment, on the manifest you must:

- A. Indicate the waste type and amount (in pounds or gallons).
- B. Date and sign the form at the bottom of Section I. The hauler must sign and complete Section II before leaving your facility.
- C. Retain Copy E for your files as the waste generator.
- D. Generators in New Jersey must send copy D to NJDEP. For out-of-state generators, it is the hauler's responsibility to send copy D to NJDEP.

2. A copy of the manifest and instructions are enclosed for your review. Indicate your NJDEP waste type number here: _____

3. You must stencil on all drums for shipment the RES L-number and the NJDEP manifest number.

III. Transport by RES - Please Complete

1. Pickup Times: Please indicate normal operating hours when waste can be picked up at your location: _____

2. Equipment needed:

- A. Are you equipped to pump wastes into our trailers? ☐ Yes ☐ No.
- B. Is a vacuum unit necessary? ☐ Yes ☐ No
If Yes, is waste to be vacuumed from a tank or drum? ☐ Tank ☐ Drum
- C. How much hose is necessary to reach holding vessels? _____ ft.

3. Please give directions to your location from Southern New Jersey. _____

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 AGENCY
 NEW YORK, N.Y. 10007

4. Pickup location at Plant Site/Bldg. #: _____

5. Pickup Contact: _____ Telephone: _____

IV. Transport by Other than RES

If transportation is not provided by RES, the following procedures must be followed:

1. **Scheduling.** All shipments to our plant must be scheduled in advance by our Transportation Department. Scheduling is based on available storage space and the characteristics of the waste. Once your waste has been scheduled, it is important that you inform us of any deviation from the expected arrival time at our plant.
2. **NJDEP Solid Waste Administration Registration Number.** All drivers must have in their possession a card from the NJDEP showing the registration number and the license number of the tractor. It must be stamped "Special Waste Hauler" and have a valid date. For additional information, call NJDEP at 609-292-9877.
3. **Samples.** A representative one-pint sample of your waste must accompany each shipment.
4. **Special Equipment.** Tankers delivering burnable liquids to our facility must be equipped with a 2" or 3" nipple. This nipple is required in order for us to blanket the waste with nitrogen during the off-loading process.

Please return this completed form to: Rollins Environmental Services at the above address.

COMPANY REPRESENTS AND WARRANTS THAT WASTE DOES NOT CONTAIN THE FOLLOWING
OSHA CARCINOGENS IN CONCENTRATIONS GREATER THAN THOSE SPECIFIED BELOW:

2-acetylaminofluorene, Chemical Abstracts Service Registry No. 62759	1%
alpha-naphthylamine, Chemical Abstracts Service Registry No. 134327	1%
4-aminodiphenyl, Chemical Abstracts Service Registry No. 92671	0.1%
benzidine, Chemical Abstracts Registry No. 92875	0.1%
beta-naphthylamine, Chemical Abstracts Service Registry No. 91598	0.1%
beta-propiolactone, Chemical Abstracts Service Registry No. 57578	1%
bis-chloromethyl ether, Chemical Abstracts Service Registry No. 542381	0.1%
3,3'-dichlorobenzidine, Chemical Abstracts Service Registry No. 91941, and its salts	1%
4-dimethylaminoazobenzene, Chemical Abstracts Service Registry No. 60117	1%
ethyleneimine, Chemical Abstracts Service Registry No. 151564	1%
methyl chloromethyl ether, Chemical Abstracts Service Registry No. 107302	0.1%
4,4'-methylene bis (2-chloroaniline), Chemical Abstracts Service Registry No. 101144	1%
4-nitrobiphenyl, Chemical Abstracts Service Registry No. 92933	0.1%
N-nitrosodimethylamine, Chemical Abstracts Service Registry No. 62759	1%
polychlorinated biphenyls	0.00%

Double 07
+ Formula 709 (safety-salts)
does not contain any of the
above compounds

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AGENCY
NEW YORK, N.Y. 10007

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 10, 2016 - 4:20 PM

Version 5.0

User Selection Criteria

Location:	New Jersey, all activities	Activity Location:	None Chosen
Handler ID:	NJD065693319	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 03/10/2016		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:6 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: cme_foia.rdf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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SOUTH JERSEY PUBLISHING CO				County Name / Code: ATLANTIC / NJ001				NJD065693319	
Location: DEVINS LANE; PLEASANTVILLE, NJ 08232								REGION 02	
Mailing: 1900 ATLANTIC AVE; ATLANTIC CITY, NJ 08401									
Activity Location: NJ		State District: SOUTHERN		Accessibility:		Non-Notifier:		Extract Flag: Y	
Generator: CEG		Transporter: N		Operating TSDF: -----		IC In Place: N		El Indicator (HE / GW): N / N	
Short-Term Gen: N		Transfer Facility: N		Offsite Receiver: N		HSM: N		Subpart K: ----	
Full Enforcement: -----		Converter: -----		State Unaddressed SNC: N		EPA Unaddressed SNC: N			
CA Wrkld: N		State TSDF: -----		State Addressed SNC: N		EPA Addressed SNC: N			
Active State Gen: N				State SNC w/Comp Sched: N		EPA SNC w/Comp Sched: N			
Violation: Activity Location: NJ Type: 262.A				Determined Date: 01/30/1991		Determined by Agency: State		Responsible Agency: State	
Scheduled Compliance Date: 02/05/1991				Actual Compliance Date: 02/06/1991		RTC Qualifier: OBSERVED		Sequence Number: 3	
CEI Evaluation 01/30/1991		Activity Location: NJ		By: State		Identifier: 004		Person: R2DEP	
Citizen Complaint: NO		Multimedia Inspection: NO		Sampling: NO		Not Subtitle C: NO		Day Zero:	
Enforcement: Activity Location: NJ		Type: 120		Action Date: 01/30/1991		Identifier: 003		Found Violation: YES	
Docket:		Agency: State		Responsible Person: R2DEP		Branch:		Focus Area:	
CA Component: N		Disposition Status:		Appeal Initiated:		Appeal Resolved:			
Violation: Activity Location: NJ Type: 262.A				Determined Date: 01/30/1991		Determined by Agency: State		Responsible Agency: State	
Scheduled Compliance Date: 02/05/1991				Actual Compliance Date: 02/06/1991		RTC Qualifier: OBSERVED		Sequence Number: 4	
CEI Evaluation 01/30/1991		Activity Location: NJ		By: State		Identifier: 004		Person: R2DEP	
Citizen Complaint: NO		Multimedia Inspection: NO		Sampling: NO		Not Subtitle C: NO		Day Zero:	
Enforcement: Activity Location: NJ		Type: 120		Action Date: 01/30/1991		Identifier: 003		Found Violation: YES	
Docket:		Agency: State		Responsible Person: R2DEP		Branch:		Focus Area:	
CA Component: N		Disposition Status:		Appeal Initiated:		Appeal Resolved:			
Violation: Activity Location: NJ Type: 262.A				Determined Date: 08/07/1989		Determined by Agency: State		Responsible Agency: State	
Scheduled Compliance Date: 08/30/1989				Actual Compliance Date: 03/13/1989		RTC Qualifier: OBSERVED		Sequence Number: 1	
CEI Evaluation 08/07/1989		Activity Location: NJ		By: State		Identifier: 002		Person: R2DEP	
Citizen Complaint: NO		Multimedia Inspection: NO		Sampling: NO		Not Subtitle C: NO		Day Zero:	
Enforcement: Activity Location: NJ		Type: 120		Action Date: 08/07/1989		Identifier: 001		Found Violation: YES	
Docket:		Agency: State		Responsible Person: R2DEP		Branch:		Focus Area:	
CA Component: N		Disposition Status:		Appeal Initiated:		Appeal Resolved:			
Violation: Activity Location: NJ Type: 262.A				Determined Date: 08/07/1989		Determined by Agency: State		Responsible Agency: State	
Scheduled Compliance Date: 08/31/1989				Actual Compliance Date: 03/13/1989		RTC Qualifier: OBSERVED		Sequence Number: 2	
CEI Evaluation 08/07/1989		Activity Location: NJ		By: State		Identifier: 002		Person: R2DEP	
Citizen Complaint: NO		Multimedia Inspection: NO		Sampling: NO		Not Subtitle C: NO		Day Zero:	

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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SOUTH JERSEY PUBLISHING CO, NJD065693319, PLEASANTVILLE, NJ, continued -

Enforcement:	Activity Location: NJ	Type: 120	Action Date: 08/07/1989	Identifier: 001
Docket:		Agency: State	Responsible Person: R2DEP	Branch:
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:

Evaluations With No Violations:

CEI Evaluation	05/29/2003	Activity Location: NJ	By: State	Identifier: 001	Person: COPCT	Branch: S	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
FCI Evaluation	10/19/1998	Activity Location: NJ	By: State	Identifier: 000	Person: NJTO	Branch: S	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area: V3
CSE Evaluation	02/06/1991	Activity Location: NJ	By: State	Identifier: 005	Person: R2DEP	Branch:	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
CSE Evaluation	09/22/1989	Activity Location: NJ	By: State	Identifier: 003	Person: R2DEP	Branch:	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
NRR Evaluation	01/09/1984	Activity Location: NJ	By: State	Identifier: 001	Person:	Branch:	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:

Total Number of Handlers:	1
Total Number of Activity Locations:	1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
262.A	GENERATORS - GENERAL

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE
CSE	COMPLIANCE SCHEDULE EVALUATION
FCI	FOCUSED COMPLIANCE INSPECTION
NRR	NON-FINANCIAL RECORD REVIEW

Focus Area	Description
V3	CONVERTED FROM V2 RCRAINFO

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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Description of codes used on the report:

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL

* Note: Penalty amount may not reflect all violations cited.